



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar St., Suite 133, St. Paul, MN 55101-5133
 (651) 201-7507 FAX (651)297-5259 TTY(651)282-6555
 WWW.DPS.STATE..MN.US



APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received.

Workers compensation insurance company. Name _____ Policy # _____

Licensee's MN Sales and Use Tax ID # _____ To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # _____

If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.

Licensee Name (Individual, Corporation, Partnership, LLC)	Social Security #	Trade Name or DBA	
License Location (Street Address & Block No.)	License Period From _____ To _____		Applicant's Home Phone #
City	County	State	Zip Code
Name of Store Manager	Business Phone Number		DOB (Individual Applicant)

If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code

1. If a corporation, date of incorporation _____, state incorporated in _____, amount paid in capital _____. If a subsidiary of any other corporation, so state _____ and give purpose of corporation _____. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? Yes No
2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.

3. Is establishment located near any state university, state hospital, training school, reformatory or prison? Yes No If yes state approximate distance. _____

4. Name and address of building owner: _____

- Has owner of building any connection, directly or indirectly, with applicant? Yes No
5. Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? Yes No If yes, in what capacity? _____

6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. _____

7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?
 Yes No If yes, give name and address of establishment. _____

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. Yes No Will be granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. Yes No Will be granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. _____
12. State Number of Employees _____
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____
14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. _____
2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. _____
3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor Control penalties? Yes No If yes, give dates, charges and final outcome. _____
4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. Yes No If yes, attach a copy of the summons.

This licensee must have one of the following:

(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)

Check one

- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.
- or
- B. A surety bond from a surety company with minimum coverage as specified in A.
- or
- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Print name of applicant & title	Signature of Applicant	Date
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REPORT BY POLICE/SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department	Title	Signature
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County Attorney's Signature

PS 9136-(2006)

IMPORTANT NOTICE

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco, and Firearms. For information call (651)726-0220

**-CERTIFICATION OF COMPLIANCE-
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(**NOT** the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____
(or)

I am not required to have workers' compensation liability coverage because:

- () I have no employees
- () I am self insured (include permit to self-insure)
- () I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
(last, first, middle)

Doing Business As: _____
(business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: () _____

Signature: _____ Date: _____

DATE: _____

CITY OF OWATONNA
LICENSE APPLICATION REPORT

TYPE OF LICENSE APPLIED FOR: Intoxicating Liq Non-Intoxicating Liq
 Dance Concerts Parade Sound Device Circus Show
 Theatricals Exhibition Transient Other Explain: _____

NAME OF APPLICANT

D.O.B.

LAST FIRST MIDDLE MO. / DAY / YR

Address (Street Name and Number) Apt. #

City State Zip Code

Please provide an original driver's license/picture identification and social security card to be verified.

Driver's License # State Expiration Date

Social Security # Verified By

REPORT OF INVESTIGATION

RECOMMENDATIONS

DATE: _____

SIGNATURE INVESTIGATING AUTHORITY

COUNCIL ACTION

LICENSE: APPROVED DISAPPROVED

DATE OF COUNCIL ACTION: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____

**City of Owatonna
540 West Hills Circle
Owatonna, MN 55060**

Date: _____

The following named individual has made application with this agency for an **Intoxicating Liquor License**:

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex (M or F): _____

Social Security Number: (Optional) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Owatonna for the purpose of obtaining an **Intoxicating Liquor License** with this agency per City Ordinance Section 806:10 or 811:15.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Notary:

State of Minnesota
County of Steele

Subscribed and sworn to before me this _____
day of _____, 20____.

Signature of Notary

(Seal)